



DEPARTMENT OF DEVELOPMENT SERVICES

4701 West Russell Road ~ Las Vegas NV 89118 ~ (702) 455-3000

CHECKLIST for COMMERCIAL SUBMITTALS

Date: _____		Check in By: _____		Assessor's Parcel Number: _____	
Project Name: _____			Number of Units: _____		
Address: _____					
Owner: _____			Contractor: _____		
Scope of Work: _____			Commission Approval: _____		
Phased: <input type="checkbox"/> Foundation <input type="checkbox"/> Structural <input type="checkbox"/> Architectural <input type="checkbox"/> Mechanical/Plumbing/Electrical					
Contact Person: _____		Phone: _____		Fax: _____	
E-mail: _____		Cell : _____			
Contact's Address: _____					

SUBMITTAL: Arch/Struc 2006 IBC

- ☐ (3) Grading Plans Wet Stamped by a Nevada Professional Civil Engineer
 - ☐ (3) Geotechnical Reports Wet Stamped (one for ESGI) ☐ (3) Update Letters Wet Stamped (if original is over (1) year old)
 - ☐ (1) CD Electronic Submittal of Geotechnical Information (ESGI)
 - ☐ (3) Sets Plans Wet Stamped/Signed by a Nevada Professional Engineer or Architect – to include:
 - ☐ Site Plan
 - ☐ Foundation & Footing Plan (details)
 - ☐ Floor Plan
 - ☐ Elevations
 - ☐ Sections
 - ☐ Electrical (2005 National Electrical Code)
 - ☐ Plumbing (2006 UPC)
 - ☐ Mechanical
 - ☐ Structural
 - ☐ Structural Calculations (2)
 - ☐ Energy Calculations (2) (2006 IECC)
 - ☐ Lighting Compliance (2) (2006 IECC)
 - ☐ Envelope Compliance (2) (2006 IECC)
 - ☐ Code Analysis
 - ☐ Fire Storage Survey
 - ☐ Landscape Plans
 - ☐ Truss Calculations ☐ Deferred

ITEMS PRIOR TO ISSUE:

Water:	<input type="checkbox"/> LVVWD	<input type="checkbox"/> Well	<input type="checkbox"/> Other
Sanitation:	<input type="checkbox"/> CCWRD	<input type="checkbox"/> Septic	<input type="checkbox"/> Other
Dust:	<input type="checkbox"/> Yes	<input type="checkbox"/> Tortoise Mitigation	
- FEES:**

_____	Mitigation Fee (\$550/Acre)
_____	Transportation Tax (\$.75/sq. ft. - \$700/DU)
_____	Water Usage If > 1.2 Acres
_____	Res. Const. Tax (Park Fee) (\$.36/Liv. Sq. Ft.)
- GRADING SUBMITTAL: (3) Grading Plans/(2) Soil Reports**

Cut _____	+	Fill _____	=	_____
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- LIFE SAFETY ITEMS:**

<input type="checkbox"/> HI Rise > 55'	<input type="checkbox"/> Hospital	<input type="checkbox"/> Covered Mall
_____ Life Safety Pkg. PAC Number		

Bldg #/Name	# of Units	Bldg Type	Application #	Valuation	Plans Exam Fee
1) _____	_____	_____	_____	_____	_____
2) _____	_____	_____	_____	_____	_____
3) _____	_____	_____	_____	_____	_____
4) _____	_____	_____	_____	_____	_____
5) _____	_____	_____	_____	_____	_____
6) _____	_____	_____	_____	_____	_____
7) _____	_____	_____	_____	_____	_____
8) _____	_____	_____	_____	_____	_____
9) _____	_____	_____	_____	_____	_____

Submittal will expire if permit is not issued within 180 days of approval or if applicant fails to respond to plan review comments within six (6) weeks of notification.